October 9, 2003

Re: Medical Dispute Resolution

MDR #: M2-03-1740-01

IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in Chiropractic Medicine.

## **Clinical History:**

On \_\_\_\_ the patient injured his right shoulder and back. On 08/05/03, the patient was assigned an impairment rating of 2% for the shoulder and 0% for the lower back.

### **Disputed Services:**

Proposed work hardening program, five times a week for eight weeks.

#### Decision:

I agree with the determination of the insurance carrier. The services in question are not medically necessary in this case.

# Rationale:

The treating physician failed to provide sufficient documentation to indicate the need for work hardening. Work hardening requires a multi-disciplinary approach for treatment including psychological/counseling session. Treatment guidelines state that "Work hardening—a highly structured, goal-oriented, individualized treatment program designed to maximize the ability of the person served to return to work. Work hardening programs are inter-disciplinary in nature with a capacity of addressing the functional, physical, behavioral and vocational needs of the injured worker. Work hardening provides a transition between management of the initial injury and the return to work. while addressing the issues of productivity, safety, physical tolerances and work behaviors. Work hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks. These activities are used progressively improve the biomechanical. neuromuscular. cardiovascular/metabolic, behavioral, attitudinal, and vocational functioning of the person served."

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings Texas Workers' Compensation Commission P.O. Box 40669 Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 9, 2003.

Sincerely,